

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/622089</b>	FILING DATE
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/	/	/				
2	/	/	/				
3	/	/	/				
4	/	/	/				
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TOTAL IND.	/	/	/				
TOTAL DEP.	/	/	/				
TOTAL CLAIMS	18	18	18				
						*	*
IND.		DEP.		IND.		DEP.	
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TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS